

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
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(916) 657-2941



August 24, 1999

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors

Letter No.: 99-41

REVISIONS TO INCOME BUDGET FORMS FOR THE SECTION 1931 PROGRAM

Ref. All County Welfare Directors Letter (ACWDL) No. 99-32 and 98-43

The treatment for income counted by public assistance programs and used to reduce the grant of family members of an individual on Medi-Cal in the Medically Needy program was extended to applicants and recipients for the Section 1931 program by ACWDL No. 99-32. This allocation was inadvertently omitted from the Section 1931 income budget forms transmitted by ACWDL No. 99-32.

This ACWDL transmits revised budget forms in Exhibit A. These revised forms include space for this allocation. The budget steps have been re-numbered to reflect the addition of this allocation.

Please direct questions regarding this ACWDL to Dave Rappolee of my staff at (916) 657-0163.

Sincerely,

ORIGINAL SIGNED BY

ANGELINE MRVA, Chief
Medi-Cal Eligibility Branch

Enclosures

ENCLOSURE

EXHIBIT A

This exhibit provides a one-page “camera ready” version of the Section 1931 Applicant Program Budget Sheet and a one-page “camera ready” version of the Recipient Program Budget Sheet.

This version adds the deduction for allocations to excluded children to the work sheet.

SEC. 1931 APPLICANT PROGRAM BUDGET SHEET FOR DETERMINING APPLICANT NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY

Case Name _____				County District _____		County Use _____	
<input type="checkbox"/> New App. <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retro Elig. <input type="checkbox"/> Correction				Effective Elig. Date for this budget: Mo. _____ Yr. _____			
Name MFBU Member #1: _____			Name MFBU Member #6: _____			Other Coverage	
Name MFBU Member #2: _____			Name MFBU Member #7: _____				
Name MFBU Member #3: _____			Name MFBU Member #8: _____				
Name MFBU Member #4: _____			Name MFBU Member #9: _____				
Name MFBU Member #5: _____			Name MFBU Member #10: _____				
1	Enter unearned income of each MFBU member, then total for MFBU (include non-exempt disability-based income here)	Total MFBU Unearned Income \$ _____	Unearned income MFBU member # _____ \$ _____ +		Unearned income MFBU member # _____ \$ _____ +		
			Unearned income MFBU member # _____ \$ _____ +		Unearned income MFBU member # _____ \$ _____ +		
2	<input type="checkbox"/> Educational Expense (§ 50547)	- \$ _____	Exempt Income (List exempt income here):				
3	<input type="checkbox"/> \$50 Support Received (§50554.5)	- \$ _____					
4	Remaining non-exempt unearned income	Box 4 = \$ _____					
5	Enter earnings of each MFBU member, subtract \$90 work expense deduction from each, then total remainders for MFBU	Total MFBU Earnings: \$ _____	Earnings, MFBU member # _____ \$ _____ - \$90 wrk exp ded = \$ _____	Earnings, MFBU member # _____ \$ _____ - \$90 wrk exp ded = \$ _____	Earnings, MFBU member # _____ \$ _____ - \$90 wrk exp ded = \$ _____	Earnings, MFBU member # _____ \$ _____ - \$90 wrk exp ded = \$ _____	
6	<input type="checkbox"/> Dependent Care Deduction (§ 50553.5)	- \$ _____	County Use				
7	Remaining Non-exempt earned Income	Box 7 = \$ _____					
8	Total Remaining Income: Non-exempt unearned income & Non-exempt earned income (lines 4+7)	\$ _____					
9	<input type="checkbox"/> Child/Spousal Support Pymts (§ 50554)	- \$ _____					
10	<input type="checkbox"/> Allocation to excluded children (§ 50558)	- \$ _____					
11	<input type="checkbox"/> Allocation to PA family member (§50557)	± \$ _____					
12	Total MFBU Net-nonexempt Income (rounded down to the nearest dollar)	= \$ _____					
13	Sec. 1931 income limit for family	\$ _____					
	If income from line 12 is less than limit from line 13, family is income eligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Not Eligible: if no Sneed-eligible class member, evaluate for other Medi-Cal programs; if Sneed- eligible class member, evaluate for Sec. 1931 under Sneed.				
Eligibility Worker Signature _____		Worker Number _____	Computation Date _____		County Use _____		

**SEC. 1931 RECIPIENT PROGRAM BUDGET SHEET FOR DETERMINING RECIPIENT NET NON-EXEMPT INCOME
AND SECTION 1931 INCOME ELIGIBILITY**

Case Name			County District		County Use																			
<input type="checkbox"/> New App. <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retro Elig. <input type="checkbox"/> Correction			Effective Elig. Date for this budget:		Mo.	Yr.																		
Name MFBU Member #1:			Name MFBU Member #6:			Other Coverage																		
Name MFBU Member #2:			Name MFBU Member #7:																					
Name MFBU Member #3:			Name MFBU Member #8:																					
Name MFBU Member #4:			Name MFBU Member #9:																					
Name MFBU Member #5:			Name MFBU Member #10:																					
1	Enter unearned income of each MFBU member, then total for MFBU (do not include non-exempt disability-based income here)	Total MFBU Unearned Income = \$ _____	Unearned income MFBU member # _____ \$ _____ + \$ _____ Unearned income MFBU member # _____ \$ _____ + \$ _____																					
2	<input type="checkbox"/> Educational Expenses (§ 50547)	- \$ _____	Exempt Income (List exempt income here):																					
3	<input type="checkbox"/> \$50 Support Received (§ 50554.5)	- \$ _____																						
4	Remaining non-exempt unearned income	Box 4 = \$ _____																						
5	Enter disability-based income (DBI) of each MFBU member, then total for MFBU	Total MFBU Disability-Based Income: \$ _____	DBI of MFBU member # _____ \$ _____ + \$ _____ DBI of MFBU member # _____ \$ _____ + \$ _____																					
6	\$240 deduction	- \$240																						
7	Remaining Non-exempt disability-based income (DBI) (if deduction exceeds disability based income, enter "0".)	Box 7 = \$ _____	7a Unused \$240 (line 6-line 5; if negative enter 0)		\$ _____ (Unused \$240)																			
8	Enter earnings for up to two MFBU members, then total for MFBU (if 3 or more persons with earnings, skip lines 8 & 9 and proceed to worksheet for 3+ earners)	Total MFBU Earnings: \$ _____																						
9	<input type="checkbox"/> Unused \$240 deduction (from box 7a)	- \$ _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>14</td> <td>Total Remaining Non-exempt unearned income, Non-exempt disability-based income & Non-exempt earned income(total from box 4, 7, & 13)</td> <td>\$ _____</td> </tr> <tr> <td>15</td> <td><input type="checkbox"/> Child/Spousal Support Pymts (§ 50554)</td> <td>- \$ _____</td> </tr> <tr> <td>16</td> <td><input type="checkbox"/> Allocation to excluded children (Sec. 50558)</td> <td>- \$ _____</td> </tr> <tr> <td>17</td> <td><input type="checkbox"/> Allocation to PA family member (§50557)</td> <td>+ \$ _____</td> </tr> <tr> <td>18</td> <td>Total MFBU Net-nonexempt income (rounded down to the nearest dollar)</td> <td>= \$ _____</td> </tr> <tr> <td>19</td> <td>Sec. 1931 income limit for family</td> <td>\$ _____</td> </tr> </table>				14	Total Remaining Non-exempt unearned income, Non-exempt disability-based income & Non-exempt earned income (total from box 4, 7, & 13)	\$ _____	15	<input type="checkbox"/> Child/Spousal Support Pymts (§ 50554)	- \$ _____	16	<input type="checkbox"/> Allocation to excluded children (Sec. 50558)	- \$ _____	17	<input type="checkbox"/> Allocation to PA family member (§50557)	+ \$ _____	18	Total MFBU Net-nonexempt income (rounded down to the nearest dollar)	= \$ _____	19	Sec. 1931 income limit for family	\$ _____
14	Total Remaining Non-exempt unearned income, Non-exempt disability-based income & Non-exempt earned income (total from box 4, 7, & 13)	\$ _____																						
15	<input type="checkbox"/> Child/Spousal Support Pymts (§ 50554)	- \$ _____																						
16	<input type="checkbox"/> Allocation to excluded children (Sec. 50558)	- \$ _____																						
17	<input type="checkbox"/> Allocation to PA family member (§50557)	+ \$ _____																						
18	Total MFBU Net-nonexempt income (rounded down to the nearest dollar)	= \$ _____																						
19	Sec. 1931 income limit for family	\$ _____																						
10	Remaining non-exempt earned income (or from line 12 worksheet); if deduction exceeds earned income, enter "0."	= \$ _____																						
11	50% deduction (divide amount in line 10 by 2)	= \$ _____																						
12	<input type="checkbox"/> Dependent Care Deduction (§ 50553.5)	- \$ _____																						
13	Remaining Non-exempt earned income	Box 13 = \$ _____																						
If income from line 18 is less than limit from line 19, family is income eligible		<input type="checkbox"/> Eligible	<input type="checkbox"/> Not Eligible: if no Sneed-eligible class member, evaluate or other Medi-Cal programs; if Sneed-eligible class member, evaluate for Sec. 1931 under Sneed.																					
Eligibility Worker Signature		Worker Number	Computation Date		County Use																			

SEC. 1931 PROGRAM WORKSHEET: APPLYING THE \$240 & ½ DEDUCTION TO RECIPIENT FAMILIES WITH 3 OR MORE PERSONS WITH EARNINGS

NAME:					
1	Family's Non-exempt earned income	\$ _____	\$ _____	\$ _____	\$ _____
2	Non-exempt earned income of two highest earners	\$ _____			
3	Unused \$240 deduction (from box 7a Recipient Budget Sheet [MC176M 1931 RECIP]; if result is 0 or less, enter 0)	- \$ _____			
4	Remaining Non-exempt earned income of two highest earners (if deduction exceeds earned income, enter "0.")	= \$ _____			
5	Non-exempt earned income of 3rd highest earner	\$ _____			
6	\$120 deduction	- \$120			
7	His/her remaining Non-exempt earned income (if deduction exceeds earned income, enter "0.")	= \$ _____			
8	Non-exempt earned income of 4th highest earner	\$ _____			
9	\$120 deduction	-\$120			
10	His/her remaining Non-exempt earned income (if deduction exceeds earned income, enter "0.")	= \$ _____			
11	Other remainder Non-exempt earned income (If 5 or more persons with earnings, enter Total of their remainder earned income after subtracting \$120 from earnings of each.) (If deduction exceeds earned income, enter "0.")	= \$ _____			
12	Non-exempt earned income Subtotal (total of all remainder earned income: add lines 4, 7, 10 & 11 this worksheet); enter amount on Section 1931 Program Budget Sheet (line 10)	= \$ _____			